



CLIENT NOTICE OF ADATSA ELIGIBILITY

As a client in the ADATSA program, you can get certain benefits from Washington State, and you have certain rights and responsibilities in order to keep those benefits. If you are eligible for ADATSA, you may get:

- 1) A course of treatment as determined by the assessment center, based on their clinical judgment of what could most benefit you.
- 2) Medical assistance while you are on a waiting list for treatment, and financial and medical assistance while participating in treatment.

You may be eligible for food stamps but they are not automatically sent to you. You must apply for them at the Community Service Office (CSO).

☐ **Eligible For:**

- ☐ Residential Treatment
- ☐ Outpatient Treatment
- ☐ Medical Coupons Only While Participating in Opiate Depending Treatment (Methadone Maintenance)
- ☐ Other

☐ **Not Eligible For ADATSA Treatment Because You:**

- ☐ Are not unemployable due to chemical dependency
- ☐ Are eligible but refused treatment, reason: _____
- ☐ Are choosing Methadone maintenance only program
- ☐ Are not amenable (would not benefit from) to treatment, reason: _____
- ☐ "Non-ADATSA" treatment recommendations:

RIGHTS AND RESPONSIBILITIES

If placed into ADATSA treatment services, you may be eligible for treatment and a living allowance as long as you fully cooperate throughout the course of your treatment plan. This means you must show up for treatment as scheduled and follow the rules and regulations of the agency providing your care.

You have the right to contact the CSO or the assessment center at any time. This includes, but is not limited to, situations where you are discharged from any residential or outpatient facilities or agency providing service under contract to the department.

You have the right to appeal any action taken by the assessment center or treatment agency, by asking for and following their "Grievance Procedure."

You have the right to ask for a fair hearing if you disagree with any action affecting your eligibility for ADATSA services or benefits. You have ninety (90) days from the date you receive notice of the action to ask for a fair hearing. You may request a fair hearing by writing to the: Office of Appeals, PO Box 2465, Olympia, Washington 98507-2465.

The information on this form has been explained to me. My treatment services have been explained to me and I understand them.

Client's Signature	Client's Name (Print)	Date
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